

Final Wage Compliance Report
(To be completed and submitted at the end of the project.)

| | |
|---------------|--------------------------------|
| Date: | |
| To: | Labor Standards Specialist |
| | Grants Management |
| | Indiana Department of Commerce |
| | One N. Capitol, Suite 600 |
| | Indianapolis, IN 46204-2208 |
| From: | |
| | |
| | |
| | |
| Grantee: | |
| Grant Number: | |

Project Information

| | | | |
|---|-----|--|----|
| While you or your representative were reviewing the contractor’s weekly payrolls, were any laborers or mechanics paid less than the minimum wage rate plus fringe benefits as specified in the Secretary of Labor’s Wage Decision that applied to this project? | | | |
| | Yes | | No |
| (If yes, fill out the remaining portion of this form.) | | | |
| Total amount of restitution paid: | \$ | | |
| Method of restitution paid by contractor: | | | |
| Method of restitution paid by Grantee with funds withheld from payment: | | | |
| | | | |

Form Continued

| Affected Employee (List Each Affected Employee. Attach Additional Copies if Needed.) | |
|---|----|
| Contractor/Subcontractor: | |
| Name of Affected Employee: | |
| Amount of Restitution Paid to Employee: | \$ |
| Nature of Violation Leading to Restitution: | |
| Contractor/Subcontractor: | |
| Name of Affected Employee: | |
| Amount of Restitution Paid to Employee: | \$ |
| Nature of Violation Leading to Restitution: | |
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| Nature of Violation Leading to Restitution: | |